

IDAHO ORAL HEALTH PLAN 2002-2005

The Idaho Oral Health Plan is the result of joint planning and problem solving initiated at the November 2001 Idaho Oral Health Summit held in Boise, Idaho. Subsequent planning sessions in February and May 2002 were convened to identify priority goals and define strategies.

Approximately 150 persons, including dentists, dental hygienists, physicians, nurses, educators and representatives from private and public agencies, participated in the November Summit. Participants looked at the oral health access issues confronting Idaho and identified potential solutions in the areas of policy and funding, access to care, and prevention/education. A subset of 50 of the original Summit attendees developed the following short - and long-term strategies to increase access to primary dental care, reduce disease and improve oral health. Professional facilitators guided all discussion and plan development. The Oral Health Program, Idaho Department of Health and Welfare coordinated the Summit and follow-up planning.

The Summit was convened by the Idaho Oral Health Alliance, a group dedicated to improving the general health of Idahoans by promoting oral health and increasing access to preventive and restorative dental services. Members include representatives of State and District Health Departments, private and public health insurers, dentist and dental hygienist associations, medical, nursing and health professional organizations, education programs and others.

Funding for the Summit and follow-up planning came from the Federal Title V Maternal and Child Health Block Grant and special grants from the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and Region X Seattle Field Office. Regence Blue Shield of Idaho and Delta Dental Plan also provided financial support for the planning effort.



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Goal # 1: Strengthen the dental public health infrastructure.

1. Secure funding for a full-time dental hygienist in each health district.
 - Establish a legislative committee for lobbying; utilize existing partners and resources, e.g., Idaho State Dental Association, health insurance providers, faith communities
 - Use best practices and data to support program
 - Ensure up-front support of critical stakeholders, i.e., State, district health department directors and Boards of Health
 - District health department oral health program coordinators and supervisors develop program components in partnership with State for review by committee
2. Integrate oral health into primary health care.
 - Identify 2-3 dental professionals in each district to take leadership role in educating dental health professionals and then train medical professionals
 - Peer to peer education
 - Conduct in-services
 - Utilize district health department dental hygienist to coordinate
 - Leverage pharmaceutical or dental equipment companies to provide funding for in-services
 - Provide noon-hour brown bag lunches and staff in-service on-site in dental and medical offices
3. Implement a fully funded comprehensive preventive dental public health program in each of the seven health districts.
 - Revisit the dental public health plan developed in 1998
 - Expand to address needs of special needs children, the handicapped and elderly
 - Identify and incorporate public-private partners
4. Seek parity for public health dental hygiene salaries comparable to private sector.
 - Use private practice salary information to project cost to employ a full-time dental hygienist in each district health department
 - Ask Legislature to allocate funding to support a full-time dental hygienist and a comprehensive preventive dental health program
5. Establish a State Dental Director position to oversee dental public health and Medicaid oral health programs in the State.
 - Obtain job descriptions and salary information from other states
 - Work with Idaho State Dental Association to develop plan for implementation

Performance Measure/Desired Outcome :

1. Decrease the proportion of children who experience dental caries
2. Increase the use of dental sealants and fluoride
3. Decrease the proportion of Idaho children and adults who have untreated tooth decay
4. Increase the proportion of low-income children who receive preventive dental services
5. Increase the proportion of district health departments and community health centers that have an oral health component.

Goal # 2:**Explore expansion of scope of practice for dental hygienists and certified dental assistants.**

1. Clarify term "institutional setting" in Idaho Code 54 -904.
 - Place this item on the June 2002 Idaho State Board of Dentistry meeting agenda
2. Establish a "Limited Access Permit" for dental hygienists, similar to Oregon and Connecticut models, i.e., no supervision for dental hygiene practice, including local anesthesia, in specified public health settings, to allow Medicaid provider status and direct reimbursement.
 - Acquire and review other state dental practice acts
 - Idaho State Board of Dentistry
 - Obtain input from public health sector, Idaho State Dental Association, Idaho Dental Hygienists' Association and educational institutions (ISU, BSU, AIHT)
 - Enact legislative change
3. Explore expansion of duties for certified dental assistants.
 - Meet with and get input from various interested groups
 - Decide what duties should be
 - Decide education and supervision level
 - Enact legislative change
4. Explore restorative expanded functions for dental hygienists and dental assistants.
 - Acquire and review other state dental practice acts
 - Idaho State Board of Dentistry discussion
 - Obtain input from public health sector, Idaho State Dental Association, Idaho Dental Hygienists' Association and educational institutions (ISU, BSU, AIHT)
 - Enact legislative change

Performance Measure/Desired Outcome :

1. Increase the number of under-served individuals receiving dental care

Goal # 3:**Educate legislators to establish oral health as a funded statewide priority.**

1. Educate legislators about magnitude of oral health problem in Idaho.
 - Form a legislative committee comprised of a legislator and representatives from the Idaho State Dental Association, Idaho Dental Hygienists' Association, Idaho Primary Care Association and Idaho Oral Health Alliance
 - Compile Idaho specific data
 - Provide written information to legislators
 - Include reimbursement barriers
 - Develop "white paper"
2. Develop and promote oral health strategies that are not tied to funding.
 - Explore revenue neutral strategies such as expansion of scope of practice for dental hygienists and dental assistants, or use of primary care providers to deliver oral health education and specific services within their practices.
3. Develop and promote oral health strategies tied to funding.
 - Work with legislators through 2003 and 2004 sessions

Performance Measure/Desired Outcome :

1. Increase in number of legislators educated about the status of oral health and needs in Idaho.
2. Increase in state budget dental allocation by 2005.

Goal # 4:**Integrate oral health into primary medical care, e.g., prenatal care, well-baby care.**

1. Develop a plan to implement an educational curriculum.
 - Use professional organizations to identify players
 - Partner with medical, dental and nursing education institutions
2. Identify medical and dental champions.
 - Make presentations at local meetings
3. Train champions.
 - Hire 1 FTE funded by grant to coordinate
4. Implement a sustainable plan in ob/gyn and family practices.
 - Target primary care and community health centers
 - Pilot at three community health centers with existing dental services
 - Present plan in ob/gyn practices utilizing nurse practitioners and physician assistants
5. Establish exchange programs between medical and dental residency programs, nursing and dental hygiene programs.
 - Educate administrators and get buy -in
 - Establish working timeline with schools
6. Evaluate process and outcomes.
 - Contract with an evaluator
 - Develop evaluation plan, including indicators, tools/instruments
 - Conduct evaluation, analyze data and report

Performance Measure/Desired Outcome :

1. Increase to 25% the number of primary care providers in community health centers providing oral health education and preventive services.
2. Increased delivery of preventive dental services by primary care providers, as evidenced by billing records.
3. Increase cross-knowledge of medical and dental residents, nursing and dental hygiene students.

Goal # 5:**Expand availability of dental services provided through community health center clinics.**

1. Develop partnerships, promote interagency communication and seek funding.
 - Network with Idaho Primary Care Association, Community Health Centers, Idaho Department of Health and Welfare and others
 - Conduct a needs assessment to identify existing facilities, providers and areas of need
 - Encourage and facilitate new start applications through Idaho Primary Care Association
 - Work with existing community health centers to develop expansion applications
2. Develop provider incentives and contract with community dentists to work one day per week in community health centers and other community settings.
 - Work with Idaho State Dental Association, Community Health Centers, Medicaid, service clubs, professional organizations and interest groups
 - Collaborate with Head Start, Migrant Council, school-based clinics, professional schools, district health departments, special needs groups and volunteers to increase availability of dental services

Performance Measure/Desired Outcome :

1. Greater availability of dental services
2. By 2005, 100% of existing Idaho community health centers will offer a full spectrum of dental services.
3. By 2005, the number of dentists providing services in community health centers will double from 12 to 24.

Goal # 6:
Fluoridate community water systems.

1. Fluoridate public water systems in Idaho.
 - Delta Dental Plan of Idaho, Inc. is leading the effort.
 - Research and document fluoridation process
 - Educate health providers, consumers and policy makers
 - Identify areas of greatest need and select area for pilot project, e.g., Pocatello and Idaho Falls in eastern Idaho
 - Find funding
 - Develop implementation strategy

Performance Measure/Desired Outcome :

1. Decrease in dental disease and increase in fluoridated public water systems.
2. By 2004, increase from 45% to 58% the proportion of the Idaho population served by community water systems with optimally fluoridated water.